

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18256

State File No.

50

ED MAY 27 1943

Registration District No. 15

Primary Registration District No. 3036

Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Pleasant
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 120 South Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs (Specify whether years, months or days)
In this community 20 yrs

3. (a) PRINT
FULL NAME

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex M 5. Color or W 6. (a) Single, widowed, married 2 divorced widowed
(b) Name of husband or wife Rebecca 6. (c) Age of husband or wife if alive 18 1/2 years
7. Birth date of deceased April 1 (Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER { 12. Name Jim Ellis
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Ann
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Bessie McWine
(b) Address Lawrence MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/43 (Month) (Day) (Year)

(c) Place: burial or cremation Maple park avenue

18. (a) Signature of funeral director Dean J. Marsh
(b) Address Lawrence MO

19. (a) 4-6-1943 (Date received local registrar) (b) Eunice Irene (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Lawrence MO (If outside city or town limits, write "RURAL")
(d) Street No. 120 South Madison (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1943 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from March 24 1942 to April 4 1943
that I last saw him alive on April 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 162 lb

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature Mal Smith (M. D. or other)

Address Lawrence MO Date signed 4/7/43

1156

(Licensed Embalmer's Statement on Reverse Side)

121 W Pleasant

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

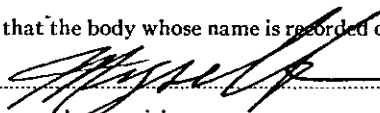
District Health Officer No. 6,

District File Number 543-679

Date Filed MAY 26 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....


....., Registered Apprentice No.....
working under my personal supervision.

Signed.....


.....
Licensed Embalmer No. 3812

P. O. Address. 
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.